

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-009764

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 317

Primary Registration District No. 544

Registrar's No. 578

FILED MAR 5 1963

## 1. PLACE OF DEATH

a. COUNTY ST. LOUIS

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN Webster Groves, Mo.

Length of stay in 1b  
382 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Mo. b. COUNTY St. Louis

c. CITY OR TOWN Glendale

Inside Limits  
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION Glenwood Hospital

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)  
127 Parkland Ave.

Reside on Farm  
Yes ☐ No ☒

## 3. NAME OF DECEASED

First Middle Last  
Bess Virginia Ehrmann

4. DATE OF DEATH  
Month Day Year  
2 - 20 - 63

5. SEX  
F.

6. COLOR OR RACE  
W.

7. Married ☐ Never Married ☐  
Widowed ☒ Divorced ☐

8. DATE OF BIRTH  
12/21/79

9. AGE (last birthday)  
83

IF UNDER 1 YEAR  
Months Days Hours Min.  
IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Housewife

10b. KIND OF BUSINESS OR INDUSTRY  
none

11. BIRTHPLACE (City and state or country)  
Rockport, Ind.

12. CITIZEN OF WHAT COUNTRY  
USA.

13a. FATHER'S NAME

Royal Hicks

13b. MOTHER'S MAIDEN NAME

Raechel Britton

14. NAME OF HUSBAND OR WIFE

Calder Ehrmann

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)  
no

16. SOCIAL SECURITY NO.

17. INFORMANT Address  
C. R. Ehrmann, 127 Parkland Ave.

18. CAUSE OF DEATH (Enter only one cause per line)  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

MYOCARDIAL INSUFFICIENCY

INTERVAL BETWEEN ONSET AND DEATH  
14 hrs

DUE TO (b)

BILATERAL HYPOSTATIC PNEUMONIA

3 days

DUE TO (c)

ARTERIO SCLEROTIC HEART DISEASE

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

GENERALIZED + CEREBRAL ARTERIOSCLEROSIS

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE  
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour Month, Day, Year  
a.m. p.m.

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 2-3-62 to 2-20-63 and last saw her on 2-20-63  
Death occurred at 6 20 PM 2-20-63 on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)  
Dexter H. H.

22b. ADDRESS  
1300 Frank Rd. ST. LOUIS 19. MO.

22c. DATE SIGNED  
2-21-63

23a. BURIAL, CREMATION, REMOVAL (Specify)  
Removal

23b. DATE  
2/22/63

23c. NAME OF CEMETERY OR CREMATORY  
Sunset Cemetery

23d. LOCATION (City, town, or county) (State)  
Rockport, Indiana

24. FUNERAL DIRECTOR ADDRESS  
Parker-Aldrich, Webster Groves, Mo.

25. DATE RECD. BY LOCAL REG.  
2-21-63

26. REGISTRAR'S SIGNATURE  
John Murphy

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

DATE AMENDED

VS 300  
Rev. 4/59

1 4007

2 4024

3

4 1

5 2

6

7 1

8 2

9 4200

10

11

12 40-0

13

STATE OF MICHIGAN

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Louise Welch*

Licensed Embalmer No.

*4395*

P. O. Address

*2401 1/2 Groves Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.